

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application Lo, et al.
of:

Application No.: 10/756,768

Filed: 01/14/2004

For: Method of detecting immune
response

Confirmation 1516
No.:

Examiner: SAUNDERS, DAVID A

Art Unit: 1644

Attention: Office of Petitions

Mail Stop Petition

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

**PETITION FOR REVIVAL OF AN APPLICATION FOR PATENT ABANDONED
UNINTENTIONALLY UNDER 37 CFR 1.137(b)**

Dear Sir:

Applicants are hereby entering a petition for revival of the above-identified application in order to pay a two-month extension fee to carry the pendency of application 10/756,768 through 2/15/2007. The payment for a two-month extension fee is submitted herewith.

If necessary, the Commissioner is hereby authorized to charge payment or credit any overpayment to Deposit Account No. 505112.

Should the Examiner have any questions, the Examiner may contact Applicants' representative at the telephone number below.

Respectfully submitted,

12/15/2009

/Trevor Chuang/

Date

Trevor Chuang, Reg. No. 55,073
Patent Agent for Applicants

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>03/15/10</u>		2 Serial/Patent # <u>10/756,768</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time	wfee	12/14/09	\$ 245.00
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 245.00	
10 REASON:		8 TO BE REFUNDED BY: credit card		
<input type="checkbox"/>	Overpayment	<input type="checkbox"/>	Treasury Check	
<input type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	
<input checked="" type="checkbox"/>	No Fee Due (Explanation): Extension submitted after abandonment		, 5 0 -- 5 1 1 2	
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Sherry D. Brinkley</u>		TITLE: Petitions Examiner		
SIGNATURE: <u>Sherry D. Brinkley</u>		PHONE: (571) 272-3204		
OFFICE: Office of Petitions				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>CDL</u>		DATE: <u>3/18/10</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
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Crystal Park One, Room 802B